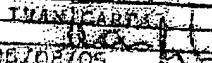


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		Application Number: 10/728,936 Filing Date: 12/08/03 First Named Inventor: LARITA, IVAN Title: Art Unit: 3672 Examiner Name: ESAY, EBANK Attorney Doctoral Number: 023853-00029											
<p>I hereby appoint:</p> <p><input type="checkbox"/> Practitioner(s) associated with the Customer Number: </p> <p>OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Please recollect or change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number:</p> <p>OR</p> <p><input type="checkbox"/> The address associated with Customer Number: 29569</p> <p>OR</p> <p><input type="checkbox"/> Full name First or Last/Middle Name: </p> <p>Address: </p> <p>Address: </p> <p>City: State: Zip: </p> <p>Country: </p> <p>Telephone: </p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee or record of the entire interest. See 37 CFR 3.21. Statement under 37 CFR 3.7(b)(5) enclosed. Item PTO/SB/67.</p>				Name	Registration Number								
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SIGNATURE of Applicant or Assignee or Record													
Name: T. LARITA, IVAN	Signature: 	Telephone: 	Date: 12/08/03										
<small>NOTE: Signatures on all the inventors or assignees or record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.</small>													
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